

**BENEFIT COMPARISON: Liaison Student and Student Express**

Benefit Comparison	Liaison Student	Student Express
<b>MEDICAL COVERAGE</b>	Specialized benefits for you & your dependents, including maternity coverage options as well. Buy up to 12 months of coverage & renew for even longer.	Specialized benefits for you & your dependents. Buy up to 12 months of coverage & renew for even longer.
Lifetime Medical Maximum: This covers inpatient and outpatient expenses for injuries and illnesses that occur during your coverage period.	Plan Participant options vary from \$250,000 to \$1,000,000 Spouse/Child \$100,000	\$5,000,000 All Insured Persons
Per Injury/Illness: Medical Maximum: This is the maximum amount that will be paid for inpatient and outpatient expenses for each injury or illness that occurs during your coverage period.	Plan Participant options vary from \$250,000 to \$500,000 Spouse/Child \$100,000	Options range from \$50,000-\$500,000 for All Insured Persons
Deductibles: Deductibles are per injury or illness, and you are responsible for paying your deductible.	<b>Non-United States Citizens:</b> In PPO \$25; Outside PPO \$50 <b>United States Citizens:</b> Choose either \$0 or \$50 <b>All Plan Types:</b> Student Health Center \$5/visit; not subject to deductible regardless of citizenship	<b>Non-United States citizens:</b> Choose \$100 or \$50; <b>United States Citizens:</b> Choose either \$0 or \$50 <b>All Plan Types:</b> Student Health Center \$5/visit; not subject to deductible regardless of citizenship
Coinsurance Options: This is your share of the cost of your medical expenses, and you pay this amount after you have paid your deductible. The difference in plan pricing is due to the coinsurance options.	Choose from these options: <b>Non-United States citizens:</b> After you pay your deductible, we pay 80% of your expenses up to \$10,000, then we pay 100% to the Medical Maximum or After you pay your deductible, we pay 100% to the Medical maximum. <b>United States Citizens:</b> After you pay your deductible, we pay 100% to the Medical maximum	Choose from these options: <b>Non-United States citizens:</b> After you pay your deductible, we pay 100% of your expenses to the Medical Maximum or after you pay your deductible, we pay 80% to the Medical maximum. <b>United States Citizens:</b> After you pay your deductible, we pay 100% of your expenses to the Medical Maximum or after you pay your deductible, we pay 80% to the Medical maximum.
Copay for Medications/Prescriptions: This is the amount you pay for each medication/prescription you receive.	<b>Non-United States Citizens:</b> \$10 for generic/\$20 for brand name <b>United States Citizens:</b> \$0 for generic/\$0 for brand name	<b>Non-United States Citizens:</b> \$10 for generic/\$20 for brand name <b>United States Citizens:</b> \$0 for generic/\$0 for brand name
Dental Accident Coverage: This benefit pays for emergency treatment to repair or replace sound natural teeth damaged as the result of an accident.	\$500/accident	\$500/accident
Dental Sudden Relief of Pain: This covers dental treatment for unexpected pain of sound natural teeth	\$350 (available for plans for 1 month or more)	Not Covered
Maternity: This covers eligible expenses incurred before, during, and after the delivery of the child, including physician, hospital, laboratory, and ultrasound services. Inpatient postpartum stay will be covered for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. Expenses are NOT	Covered with several options you may select.	Not Covered

covered if the pregnancy 1) occurred before the coverage start date; 2) is the result of in vitro fertilization 3) occurred to anyone other than the plan participant or their eligible spouse. The plan participant, eligible spouse or their representative must notify us within the first 90 days of pregnancy. Failure to notify us will result in a 25% reduction in benefits.		
Routine Newborn Care: Coverage for a newborn child begins from the moment of birth if the pregnancy, and the delivery were covered by this plan (see Maternity section for details). You must give us notice within 30 days of the birth of the child. If you fail to do so, coverage for the newborn child will terminate upon the end of the initial 30-day period.	United States Citizens: \$250 or \$750 Non-United States Citizens: \$250 or \$750	Not Covered
Mental Illness: Covers treatment for mental illness.	Inpatient: We pay 50% of your expenses up to \$10,000 for up to 45 days. Outpatient: We pay 80% of your expenses up to \$500.	Inpatient: We pay 50% of your expenses up to \$10,000 for up to 45 days. Outpatient: We pay 80% of your expenses up to \$500.
Alcohol & Drug Abuse Covers inpatient and outpatient treatment for alcohol and drug abuse.	We pay 50% up to \$1,000	We pay 50% up to \$1,000
Physiotherapy	<b>Non-United States Citizens:</b> \$50/day to the per injury/illness medical maximum <b>United States Citizens:</b> \$50/day to the per injury/illness medical maximum or \$75/day to the per injury/illness medical maximum	\$25/day
Spinal Manipulation	<b>Non-United States Citizens:</b> \$50/day to the per injury/illness medical maximum <b>United States Citizens:</b> \$50/day to the per injury/illness medical maximum or \$75/day to the per injury/illness medical maximum	\$25/day
Motor Vehicle Accident: We pay for medical treatment for injuries due to a motor vehicle accident.	<b>Non-United States Citizens:</b> \$100,000 <b>United States Citizens:</b> Per Injury/Illness Medical Maximum	<b>Non-United States Citizens:</b> Options for \$50,000 or \$100,000 <b>United States Citizens:</b> Per Injury/Illness Medical Maximum
Noncontact Amateur Sports: We pay for medical treatment related to a sports injury for high school, interscholastic, intramural or club sports.	<b>Non-United States Citizens:</b> \$5,000 <b>United States Citizens:</b> \$5,000	<b>Non-United States Citizens:</b> \$5,000 <b>United States Citizens:</b> \$5,000
Personal Liability: We will pay for eligible court-entered judgments or settlements (settlements must be approved by us) that are related to the personal liability you incur for acts, omissions, and other occurrences for losses or damages caused by your negligent acts or omissions that result in: 1) injury to a	\$100,000	\$100,000

third person; 2) damage or loss to a third person's personal property; 3) damage or loss to a related third person's personal property. (See the plan document for conditions and restrictions applicable to this benefit.)		
<b>EMERGENCY TRANSPORTATION*</b>		
<p>Political Evacuation</p> <p>If a formal recommendation from appropriate authorities is issued for you to leave your host country due to political or military events there, we will arrange and pay reasonable expenses for transportation to the nearest place of safety or for repatriation to your home country or country of residence.</p>	\$10,000 Lifetime Maximum	\$10,000 Lifetime Maximum
<p>Emergency Medical Evacuation/Repatriation</p> <p>If medically necessary, we will arrange and pay to 1) transport you to the nearest appropriate medical facilities 2) transport you home after an evacuation</p>	Per Injury/Illness Maximum	\$100,000
Ambulance Service	<p><b>Non-United States Citizens:</b> Per Injury/Illness Medical Maximum</p> <p><b>United States Citizens:</b>\$500 or \$750</p>	Per Injury/Illness Maximum
<p>Emergency Reunion</p> <p>We will arrange and pay to send one person of your choice to your side while you are hospitalized (you must require an emergency medical evacuation to receive this benefit).</p>	\$50,000	\$15,000 Lifetime Maximum
<p>Return of Remains</p> <p>We will arrange and pay to return your remains to your home country if you die while traveling</p>	\$50,000	\$50,000
<p>Local Cremation or Burial</p> <p>We will pay expenses for local burial or cremation at place of death.</p>	\$5,000	\$5,000
<b>TRAVEL ASSISTANCE SERVICES**</b>		
<p>24/7 Travel Assistance</p> <p>Our multilingual team provides a wide variety of travel services. We arrange medical evacuations and emergency reunion. We can also help you locate appropriate medical facilities, assist with lost passport recovery, provide information about embassies, consulates, currency exchange, and much more.</p>	Included	Included
<b>PRE-EXISTING CONDITIONS</b>		
<p>Acute Onset of a Pre-existing Condition</p> <p>This covers medical expenses for a sudden and unexpected recurrence of a pre-existing condition.</p>	\$25,000 for medical expenses & \$25,000 for emergency medical evacuation.	\$25,000 for medical expenses & \$25,000 for emergency medical evacuation
<b>TERRORISM BENEFITS</b>		
Terrorism: Covers medical expenses due to terrorist activity.	\$50,000	\$50,000 Lifetime Maximum
<b>HOME COUNTRY COVERAGE</b>		

Incidental Trips Home Provides up to 30 days of coverage for a new illness/injury which occurs in your home country while you are on an incidental trip.	\$1,000	\$1,000
Extension of Benefits Pays expenses incurred in your home country for conditions first diagnosed and treated outside your home country, if they are incurred within 30 days of your return to your home country.	\$1,000	\$1,000
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D)</b>		
Accidental Death & Dismemberment (AD&D) Pays benefits for death, loss of limbs, and loss of sight due to an accident occurring on your trip.	\$25,000 Plan Participant \$10,000 Spouse \$5,000 Child	\$25,000 principal sum per plan participant and eligible dependents
<b>BENEFIT PERIOD</b>		
Your Benefit Period Your benefit period is the amount of time you have from the date of your injury/illness to receive treatment. Your initial treatment must begin within 30 days of your injury/illness, and treatment may continue as long as your coverage period.	The same as your period of coverage.	The same as your period of coverage

\* Emergency Transportation Services (except for Ambulance Service) must be approved and arranged by Seven Corners Assist.

\*\*Travel Assistance Services are provided by Seven Corners Assist.

The table above is a summary of benefits and services. If there is any difference between this summary and your plan document, the provisions of your plan document will prevail.

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

#### **Geographic Restrictions**

**State Restrictions:** We cannot accept an address in Maryland, Washington, New York, South Dakota, and Colorado.

**Country Restrictions:** We cannot accept an address in Canada, Australia, Switzerland, Islamic Republic of Iran, Syrian Arab Republic, U.S. Virgin Islands, Gambia, Ghana, Nigeria, and Sierra Leone.

**Destination Restrictions:** We cannot cover travel to Islamic Republic of Iran and Syrian Arab Republic.